



**FULTON COUNTY DEPARTMENT OF  
PURCHASING & CONTRACT COMPLIANCE**

# **Contract Compliance On-Line Application**



# **User Manual**

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**2008**

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## INTRODUCTION

This Contract Compliance On-Line Application User Manual contains information to familiarize you with the Fulton County Office of Contract Compliance certification/recertification and utilization reporting processes. It includes detailed instructions using screen shots and step-by-step directions on navigation and operation. This manual is designed as a reference tool to support you while using this application. We have made every effort to cover all the bases in this manual, and make it as complete and informative as possible. However, please keep in mind, if you encounter any difficulty accessing or operating this web-based application, please contact the Office of Contract Compliance at 404-612-6300 or email us at [contract.compliance@fultoncountyga.gov](mailto:contract.compliance@fultoncountyga.gov).

**Before using the Contract Compliance On-Line Application vendors must register in our Vendor Self Service System to obtain a Vendor/Customer ID. Vendors can register in our Vendor Self Service System on-line at [www.fultonvendorselfservice.co.fulton.ga.us](http://www.fultonvendorselfservice.co.fulton.ga.us).**

**Vendors cannot use the Contract Compliance On-Line Application unless they have a Vendor Self Service Vendor/Customer ID.**



## Getting Started

## LOGIN SCREEN



Contract Compliance  
Fulton County

Login

User/ Customer ID:

Password:

Login

[Forgot your Password? Click Here](#)  
[New to OCC...? Then Click New Registration](#)

REGISTER with the Vendor Self Service System First

The Login screen is the first screen for the Contract Compliance On-Line application. You must be a registered vendor in our Vendor Self Service application to obtain a Vendor/Customer ID in order to use this application.

Click [REGISTER with the Vendor Self Service System First](#)

### Existing Vendors

- Enter your **User/ Customer ID:** number in the User/Customer ID field
- Enter your **Password:** in the Password field
- Click [Login](#) button

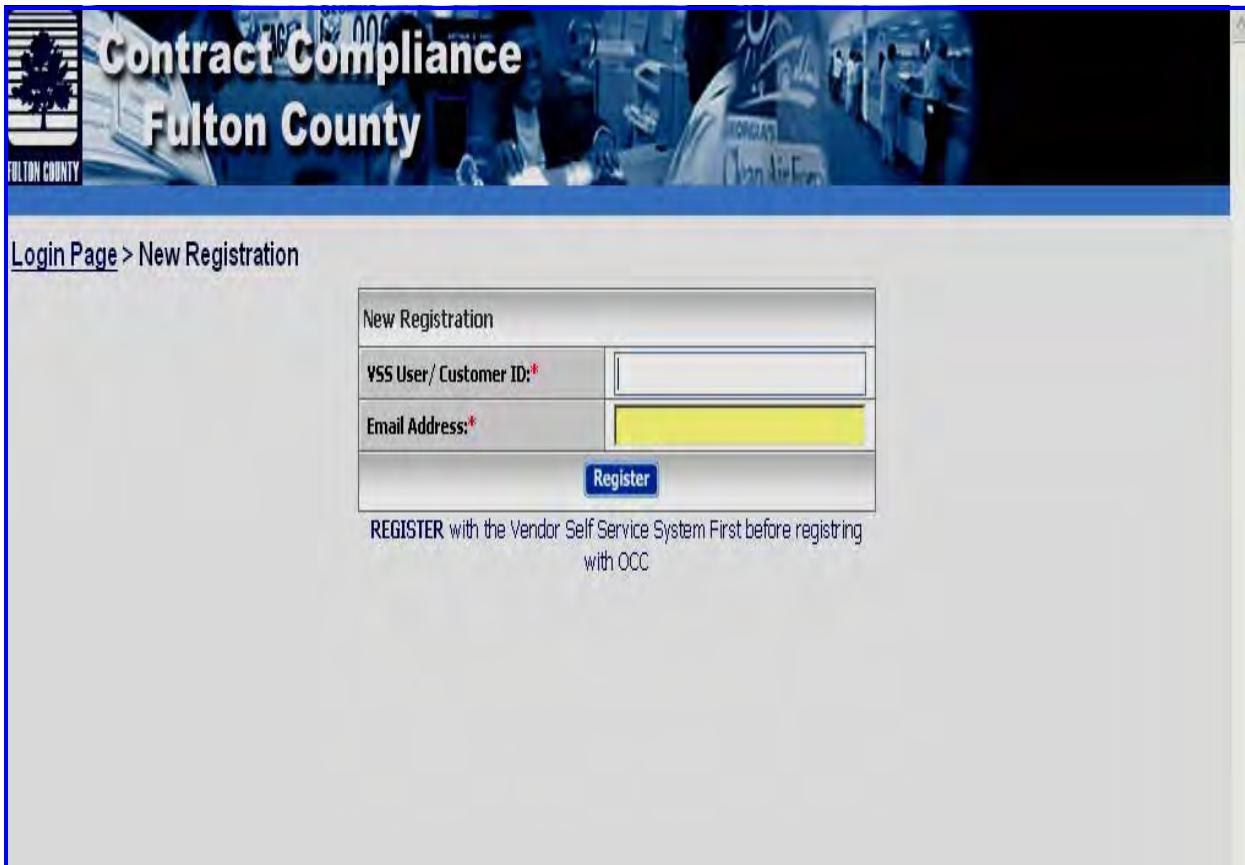
### New Registration

- Enter your **User/ Customer ID:** number in the User/Customer ID field
- Click [New to OCC...? Then Click New Registration](#) - New Registration screen is displayed (go to page 5).

### Forgot Password

- Enter your **User/ Customer ID:** number in the User/Customer ID field
- 
- Click on [Forgot your Password? Click Here](#) if you forgot your password - The Password screen is displayed (go to page 6).

## NEW REGISTRATION



The screenshot shows the 'Contract Compliance Fulton County' header with a blue background and a tree logo. Below the header, the breadcrumb 'Login Page > New Registration' is visible. The main content area contains a 'New Registration' form with two input fields: 'VSS User/ Customer ID: \*' and 'Email Address: \*'. A blue 'Register' button is positioned below the fields. A note at the bottom of the form states: 'REGISTER with the Vendor Self Service System First before registering with OCC'.

New Registration	
VSS User/ Customer ID: *	<input type="text"/>
Email Address: *	<input type="text"/>
<input type="button" value="Register"/>	

REGISTER with the Vendor Self Service System First before registering with OCC


### On New Registration screen

- Enter your **User/ Customer ID:** in Vendor/Customer field
- Enter your **Email Address: \*** in the Email/Address field
- Click **Register** button

The system will then generate a password and it will be e-mailed to you for you to use to login with.



## PASSWORD

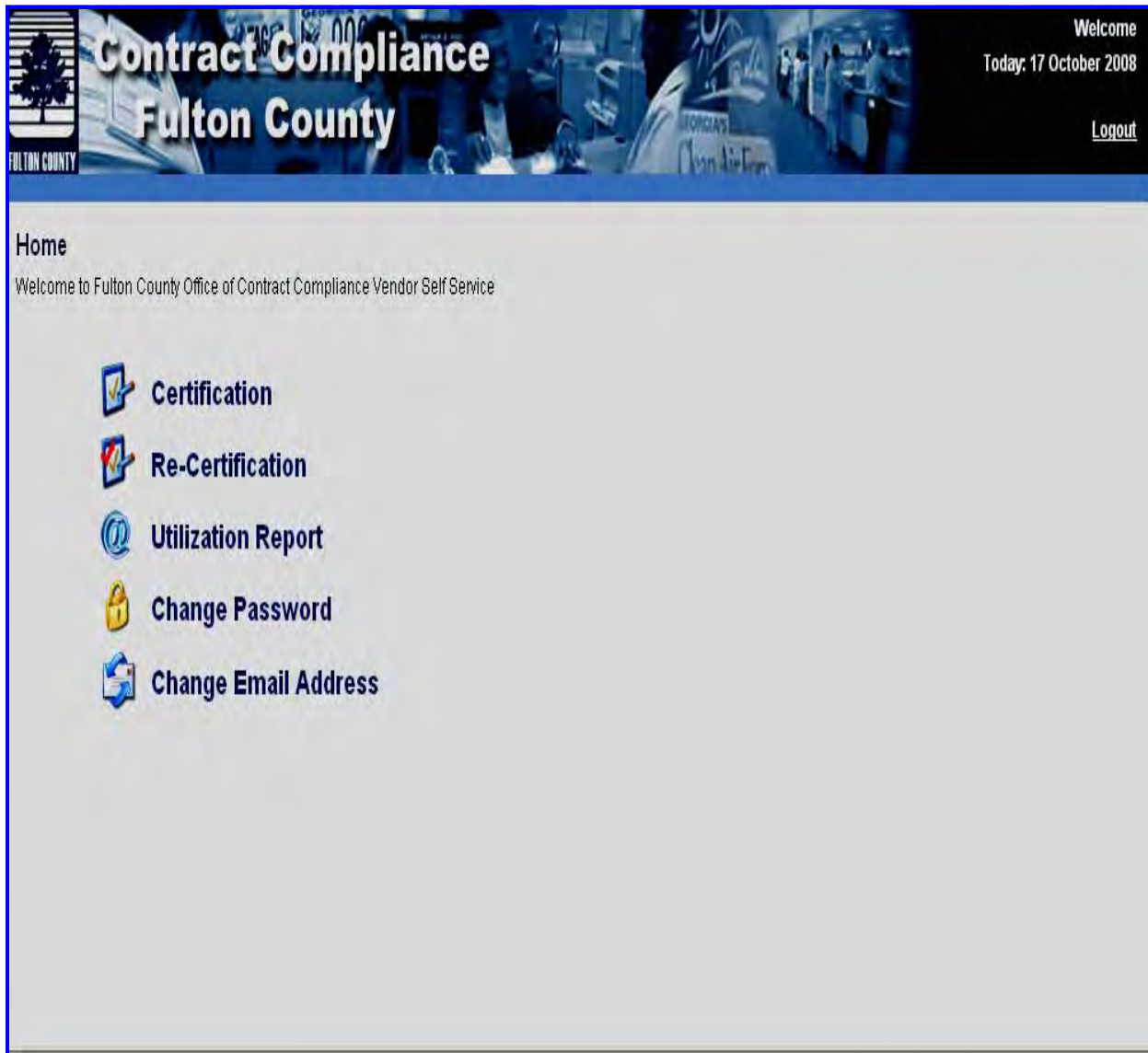


### On Password screen

- Enter your **User/ Customer ID:** in the User/Customer ID field
- Enter you **Email Address:\*** in the Email/Address field
- Click **Submit** button.

The system will then generate a password and it will be e-mailed to you for you to use to login with.

## HOME SCREEN



After a vendor has successfully entered their Vendor/Customer ID and password the Home screen is displayed with four (4) options for the vendor to choose from:

- |                                |  |
|--------------------------------|--|
| A. <b>Certification</b>        | Certify your business for the first time select this option.                     |
| B. <b>Re-Certification</b>     | Re-certify you business after your certification has expired select this option. |
| C. <b>Utilization Report</b>   | Report on a project utilization select this option.                              |
| D. <b>Change Password</b>      | Change your password select this option.   |
| E. <b>Change Email Address</b> | Change your email address select this option.                                    |



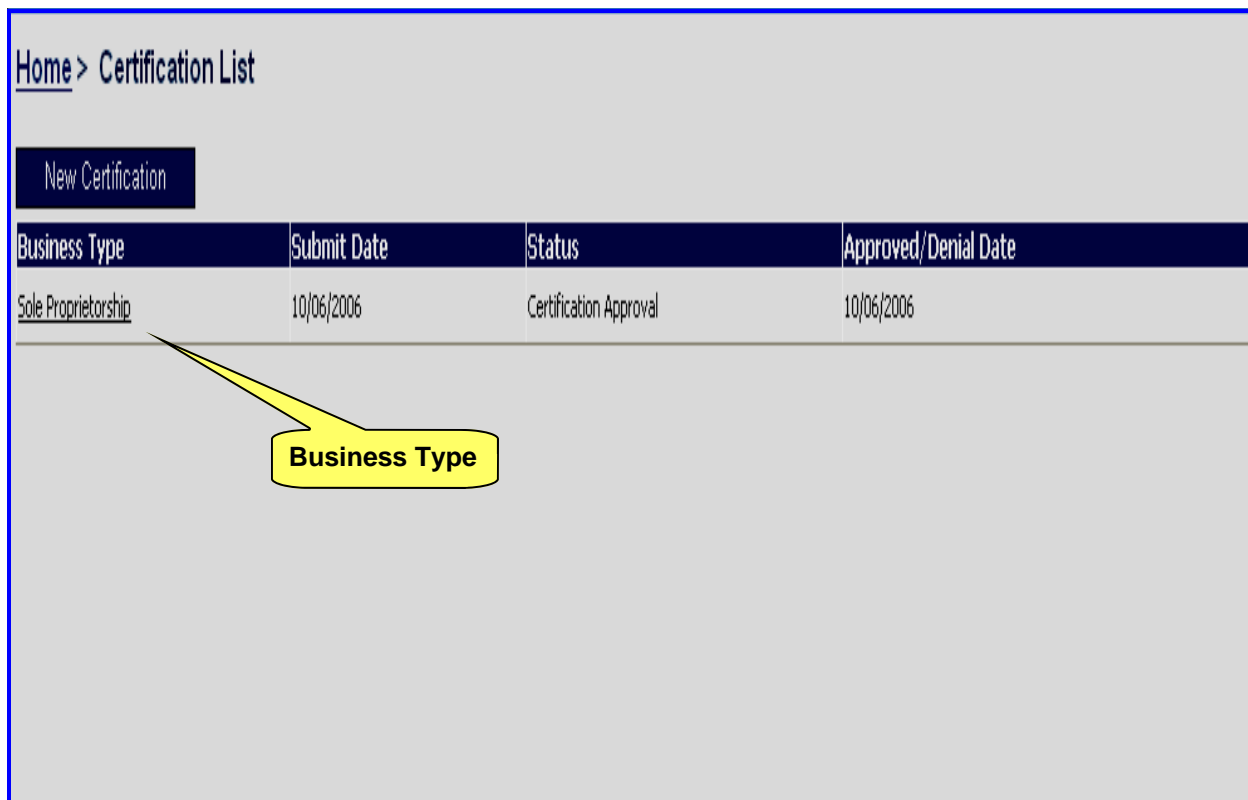
## NEW CERTIFICATION



## Sole Proprietorship

A **Sole Proprietorship** is one individual or married couple in business alone. Sole proprietorships are the most common form of business structure. This type of ownership is simple to form and operate, and may enjoy greater flexibility of management, less legal regulation, and fewer taxes. However, the business owner is personally liable for all debts incurred by the business.

## STEP 1 CERTIFICATION LIST



Home > Certification List			
New Certification			
Business Type	Submit Date	Status	Approved/Denial Date
<u>Sole Proprietorship</u>	10/06/2006	Certification Approval	10/06/2006

On the Certification List screen

- Select **BusinessType** your business is applying for M/FBE certification

Submit Date is the date your business submitted M/FBE certification  
Status is the standing of your business M/FBE certification

## STEP 2 COMPANY INFORMATION

Save
Submit

Save=Save application
Submit=Submit to Office Of Contract Compliance

**Name of Company:**

ASHFORD JENKINS

**Email Address:**

ahicks@stellar4.com

**Business Enterprise:**

☐ African American Business Enterprise

☐ Disadvantage Business Enterprise

**Type of Business:**

Sole Proprietorship

**Race: \***

African American Male ▼

**Address of Main Business Office:**

**City:**

**County:**

**State:**

Alabama ▼

**Zip:**

**Phone:**

**Fax Number:**

**Name of Owner: \***

**Date of Initial Operation: \***

**Location City: \***

**State: \***

Alabama

Click Save to save application at this time

Do not Submit application at this time


In this section input the following entries for the main business location  
Entries marked with an asterisk (\*) are required entries

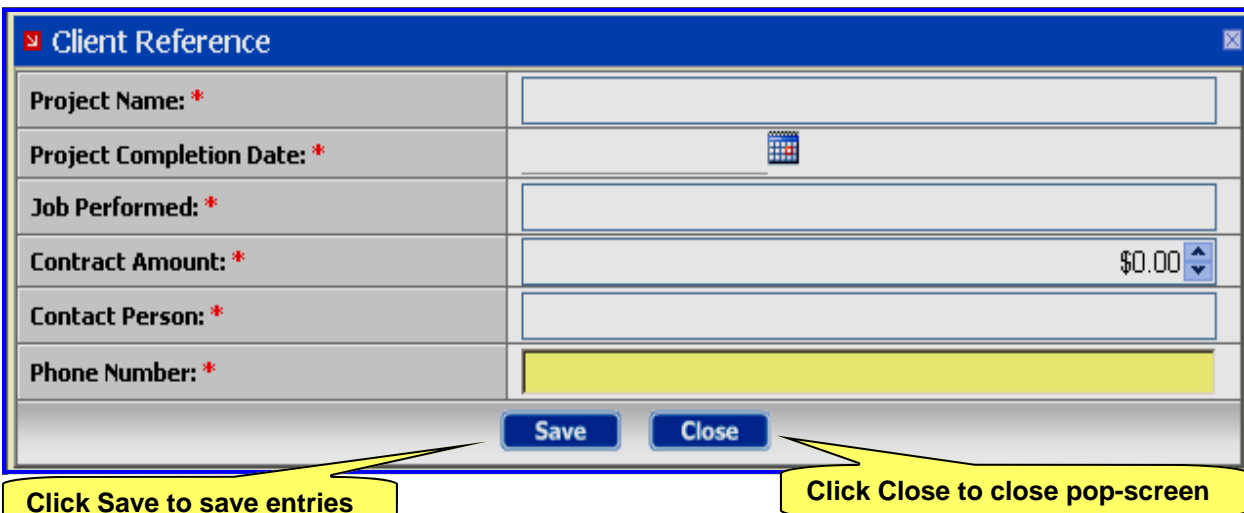
- Name of Company (official name of business)
- Email Address
- Type of business (Sole Proprietorship, Partnership, Corporation, Limited Liability Partnership, Limited Liability Corporation)
- Race (click on the drop down arrow and select one, must be 51% ownership)
- Business Enterprise (select Disadvantage Business Enterprise optional)
- Address of Main Business Office
- City
- State
- County
- Zip
- Phone
- Fax Number
- Name of Owner
- Date of Initial Operation (click on Calendar to select a date)
- Location City
- State

## STEP 3 CLIENT REFERENCES





Under Client References

- Click  button. The Client Reference pop-up screen is displayed (see below).



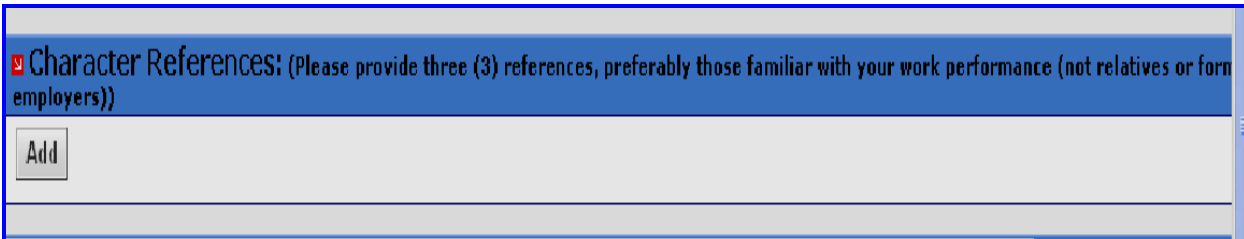
On the Client Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Project Name
  - Project Completion Date
  - Job Performed
  - Contract Amount
  - Contact person
  - Phone Number
- Click  button to save entries.
  - Click  button to close the pop-up screen


To add more Client References click on the

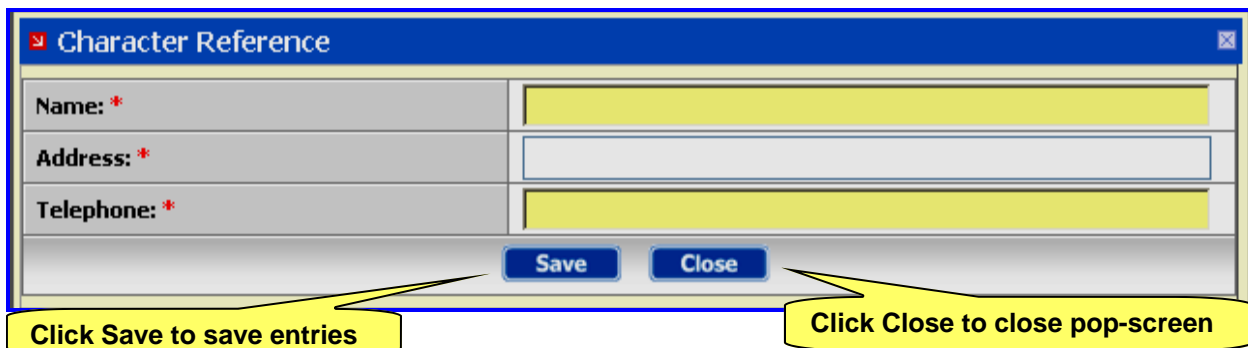


## STEP 4 CHARACTER REFERENCES






Under Character References

- Click  button. The Character Reference pop-up screen is displayed (see below).



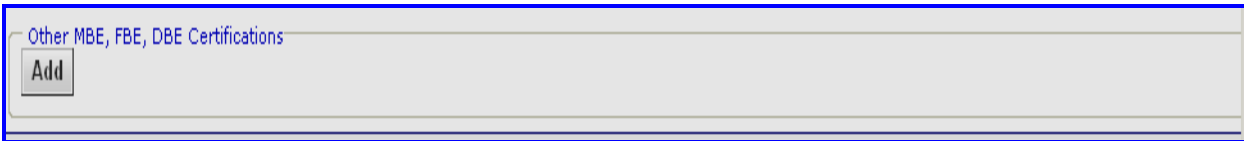
On the Character Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Name
- Address
- Telephone number
- Click  button to save entries
- Click  button to close the pop-up screen


To add more character references click on the  button again.

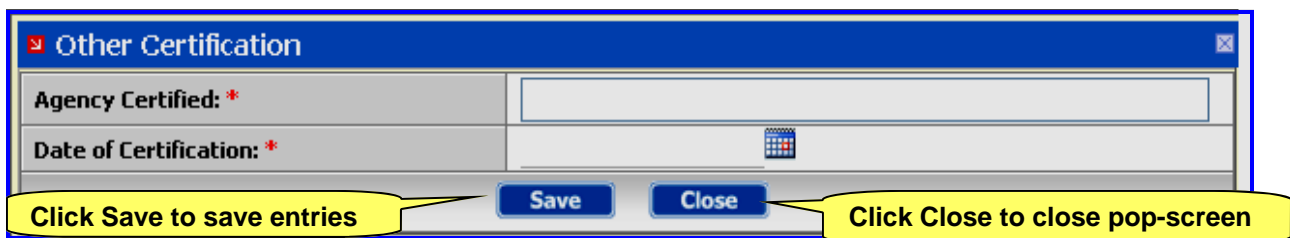


## STEP 5 OTHER MBE, FBE, DBE CERTIFICATIONS






### Under Other Certification

- Click  button. The Other Certification pop-up screen is displayed (see below).



On the Other Certification pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Agency Certified
- Date of Certification
- Click  button to save entries.
- Click  button to close the pop-up screen

To add more other certifications click on the  button again.

## STEP 6 EMPLOYMENT REPORT

CATEGORY	AFRICAN AMERICAN		ASIAN AMERICAN		HISPANIC AMERICAN		NATIVE AMERICAN		CAUCASIAN AMERICAN		Totals
	M	F	M	F	M	F	M	F	M	F	
Male/Female											
Mgmt/Official											
Professional (Arch,P.E.,etc)											
Supervisors											
Office/Sales Clerical											
Craftsmen											
Laborers											
Others(specify)											
Totals	0	0	0	0	0	0	0	0	0	0	0

Under Employment Report enter


- Total number of employees by trade category and by ethnicity
- Click **Save** button to save and to complete all entries.

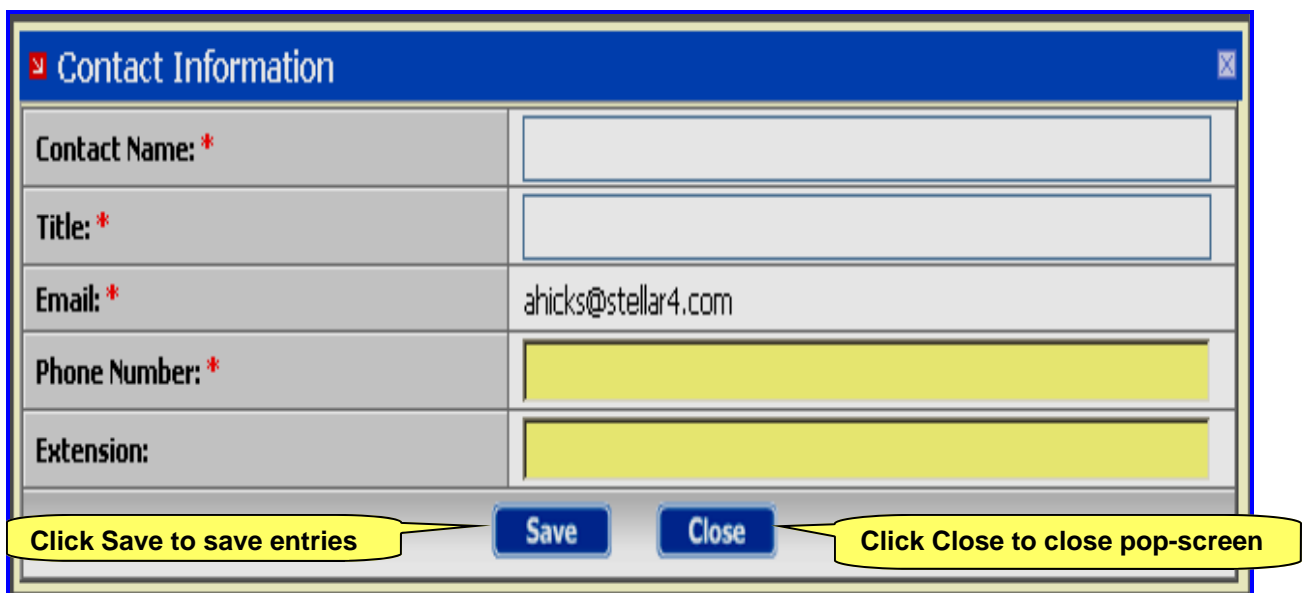
## STEP 7 CONTACT INFORMATION



The screenshot shows a web application interface with a blue header bar containing the text 'Contact Information:'. Below the header is a light gray rectangular area with a small 'Add' button on the left side.

Under Contact Information

- Click  button. The Contact Information pop-up screen is displayed (see below).





The screenshot shows a pop-up window titled 'Contact Information' with a close button (X) in the top right corner. The form contains five rows of input fields:

Contact Name: *	<input type="text"/>
Title: *	<input type="text"/>
Email: *	ahicks@stellar4.com
Phone Number: *	<input type="text"/>
Extension:	<input type="text"/>

At the bottom of the form are two blue buttons: 'Save' and 'Close'. A yellow callout bubble points to the 'Save' button with the text 'Click Save to save entries'. Another yellow callout bubble points to the 'Close' button with the text 'Click Close to close pop-screen'.

On the Contact Information pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Contact Name
- Title
- Email
- Phone Number
- Extension
- Click  button to save and to complete data entry.
- Click  button to close the pop-up screen

To add more contact information click on the  button again.

## STEP 8 INDUSTRIES CATEGORY AND SUB CATEGORY INFORMATION

**Industries Category and Sub category Information:**

**Save** **Click Save to save entries**

Services	Construction	Wholesale Trade
<input type="checkbox"/> Advertising/Public Relations	<input type="checkbox"/> Brick/Concrete/Masonry	<input type="checkbox"/> Apparel
<input type="checkbox"/> Architects/Construction Mgmt/Engineers/Urban	<input type="checkbox"/> Demolition/Hauling/Heavy Equipment/Trucking	<input type="checkbox"/> Building Materials/Industrial/Equipm
<input type="checkbox"/> Attorney/Legal Services	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Electrical Supplies/Equipment
<input type="checkbox"/> Bookkeeping/Collections/CPA/Financial Services	<input type="checkbox"/> Exterior- Interior Finishing/Waterproof	<input type="checkbox"/> Floor Coverings/Wallpaper/Paint
<input type="checkbox"/> Catering/Vending/Foods	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Gasoline/Petroleum Products
<input type="checkbox"/> Computer Sales & Services/Applications/IT	<input type="checkbox"/> Grading/Paving/Roadwork	<input type="checkbox"/> Medical Supplies/Equipment/Drugs
<input type="checkbox"/> Computer Services/Applications/IT	<input type="checkbox"/> HVAC/Mechanical/Sheetmetal	<input type="checkbox"/> Novelties/Gifts/Specialty Items
<input type="checkbox"/> Counseling/Social Services	<input type="checkbox"/> Plumbing(Water-Sewer-Pipelines)	<input type="checkbox"/> Office Supplies/Equipment
<input type="checkbox"/> EDP-Computer Application Sales/Services	<input type="checkbox"/> Steel Fabrication-Erection	
<input type="checkbox"/> Electrical Supplies/Equipment		
<input type="checkbox"/> Florist/Landscape/Horticulture		
<input type="checkbox"/> Foods		
<input type="checkbox"/> General Repairs/Business Machines/Small Engines		
<input type="checkbox"/> Graphic Arts/Printing/Photography		
<input type="checkbox"/> Insurance/Pensions/Employee Benefits		
<input type="checkbox"/> Interior/Industrial Design		
<input type="checkbox"/> Janitorial Services/Construction Site Clean-Up		

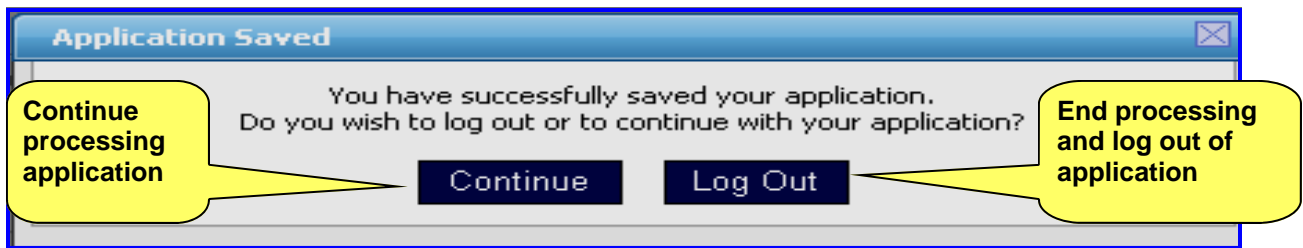
Under Industries Category and Sub category Information there are three (3) industry categories to select from (Services, Construction and Wholesale Trade).

- Select under each industry category the appropriate sub category that applies to the type of services your business can perform.
- More than one (1) sub category can be selected.
- Click **Save** button to save and to complete data entry.

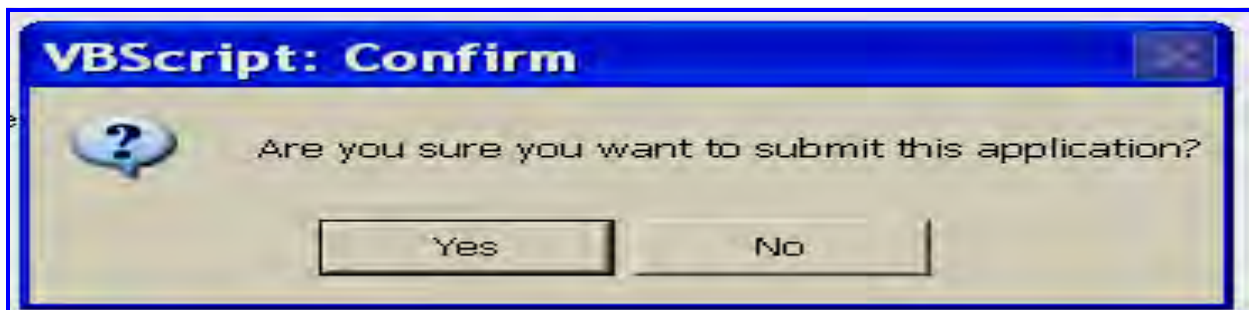
## STEP 9 SAVE AND SUBMIT BUTTONS



- Click **Save** button to save the application. The application is saved for later use and is retrievable when logging on (re-entering) the Contract Compliance system for further processing before submitting it the Office Of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application.
- If the application is successfully process the screen below is displayed



- Click **Submit** button to save and submit the application to the Office Of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application.
- If the application is successfully process the screen below is displayed
- Select  to submit the application or  to not to submit



**NOTE: All applications are pending and retrievable for editing until it is placed in the status of "Under Review" at which time the application is not editable.**

## STEP 10 REQUIRED DOCUMENTS

### [Home](#) > Required Documents

1. Proof of Minority Status (Birth Certificate, Passport and/or Driver's License)
2. Current Financial Statement by CPA (if in more than 18 months)
3. Business License
4. Organizational Chart (if ten or more employees)
5. Prior two (2) years Federal Tax Returns, including all schedules. If business is less than a year old, submit last two (2) years of personal tax returns by owner(s)
6. Certification Affidavit - [Click here to print](#)
7. Copy of the Article of Organization and the Certification of Organization
8. Copy of the Operation Agreement and all Amendments thereof
9. Proof of capital invested (copy of cancelled check(s), front and back)
10. If Limited Liability Company was organized outside the State of Georgia, provide certificate of authority to do business in Georgia
11. Certificate of Existence
12. Resumes of all officers, stockholders of company-resumes must show education, training and dates

**Click here to print and to  
open the Certification  
Affidavit**

Please send all above listed documents to the following address:

Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, Georgia 30303

**All Required Documents and  
Certification Affidavit must be  
mailed to the Fulton County,  
Department of Purchasing &  
Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303**

Depending upon your business type different Required Documents are documents necessary documents to complete a vendor's Minority/Female Business Enterprise certification. All Required Documents and Certification Affidavit must be mailed to the Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303



## Partnership & Limited Liability Partnership

A **Partnership** is composed of two or more persons (usually not a married couple) who agree to contribute money, labor, or skill to a business. Each partner shares the profits, losses, and management of the business, and each partner is personally and equally liable for debts of the partnership. Formal terms of the partnership are usually contained in a written partnership agreement.

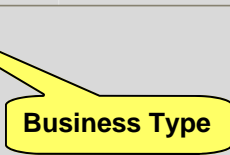
A **Limited Partnership** is composed of one or more general partners and one or more limited partners. The general partners manage the business and share fully in its profits and losses. Limited partners share in the profits of the business, but their losses are limited to the extent of their investment. Limited partners are usually not involved in the day-to-day operations of the business. Filing with the [Office of the Secretary of State](#) is required

## STEP 1 CERTIFICATION LIST

Home > Certification List

New Certification

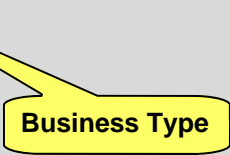
Business Type	Submit Date	Status	Approved/Denial Date
Partnership	02/19/2002	Certification Approval	02/19/2002



Home > Certification List

New Certification

Business Type	Submit Date	Status	Approved/Denial Date
Limited Liability Partnership	04/16/2008	Certification Approval	04/16/2008



On the Certification List screen

- Select **BusinessType** your business is applying for M/FBE certification

Submit Date is the date your business submitted M/FBE certification

Status is the standing of your business M/FBE certification



## STEP 2 COMPANY INFORMATION

Save
Submit

Save=Save application
Submit=Submit to Office Of Contract Compliance

**Name of Company:**

ASHFORD JENKINS

**Email Address:**

ahicks@stellar4.com

**Business Enterprise:**

☐ African American Business Enterprise

☐ Disadvantage Business Enterprise

**Type of Business:**

Sole Proprietorship

**Race: \***

African American Male ▼

**Address of Main Business Office:**

**City:**

**County:**

**State:**

Alabama ▼

**Zip:**

**Phone:**

**Fax Number:**

**Name of Owner: \***

**Date of Initial Operation: \***

**Location City: \***

**State: \***

Alabama

Click Save to save application at this time

Do not Submit application at this time

In this section input the following entries for the main business location  
Entries marked with an asterisk (\*) are required entries

- Name of Company (official name of business)
- Email Address
- Type of business (Sole Proprietorship, Partnership, Corporation, Limited Liability Partnership, Limited Liability Corporation)
- Race (click on the drop down arrow and select one, must be 51% ownership)
- Business Enterprise (select Disadvantage Business Enterprise optional)
- Address of Main Business Office
- City
- State
- County
- Zip
- Phone
- Fax Number
- Name of Owner
- Date of Initial Operation (click on Calendar to select a date)
- Location City
- State

### **STEP 3**

### **OWNERSHIP QUESTIONS**

☐ 1. Is the majority of the ownership interest in business owned by one or more women or members of a minority race? (Checked=Yes, blank=No)



☐ 2. Do the owners report their personal income for local, state and federal income tax purposes, the funds from this partnership? (Checked=Yes, blank=No)

Check the appropriate box if applicable.



## STEP 4 PARTNERS

**Partners (Owners):**

**Add**

→ Partners (Owners) 1  


<b>Name of Partner (Owner):</b>	<b>Race of Partner (Owner):</b>
Louis Reynolds	Hispanic Male
<b>Sex of Partner (Owner):</b>	<b>% owned:</b>
Male	65

→ Partners (Owners) 2  

<b>Name of Partner (Owner):</b>	<b>Race of Partner (Owner):</b>
My Parrtner	African American Male
<b>Sex of Partner (Owner):</b>	<b>% owned:</b>
Male	33

### Under Partners (Owners)

- Click **Add** button. The Partners pop-up screen is displayed (see below).

**Partners (Owners)** 

<b>Name of Partner (Owner): *</b>	<input type="text"/>
<b>% owned: *</b>	<input type="text" value="0.00 %"/>
<b>Race of Partner (Owner): *</b>	----Please Select----
<b>Sex of Partner (Owner): *</b>	<input checked="" type="radio"/> Female <input type="radio"/> Male
<p><b>Save</b> <b>Close</b></p>	

**Click Save to save entries** **Click Close to close pop-screen**

Enter the following entries for this screen.


Entries marked with an asterisk (\*) are required entries

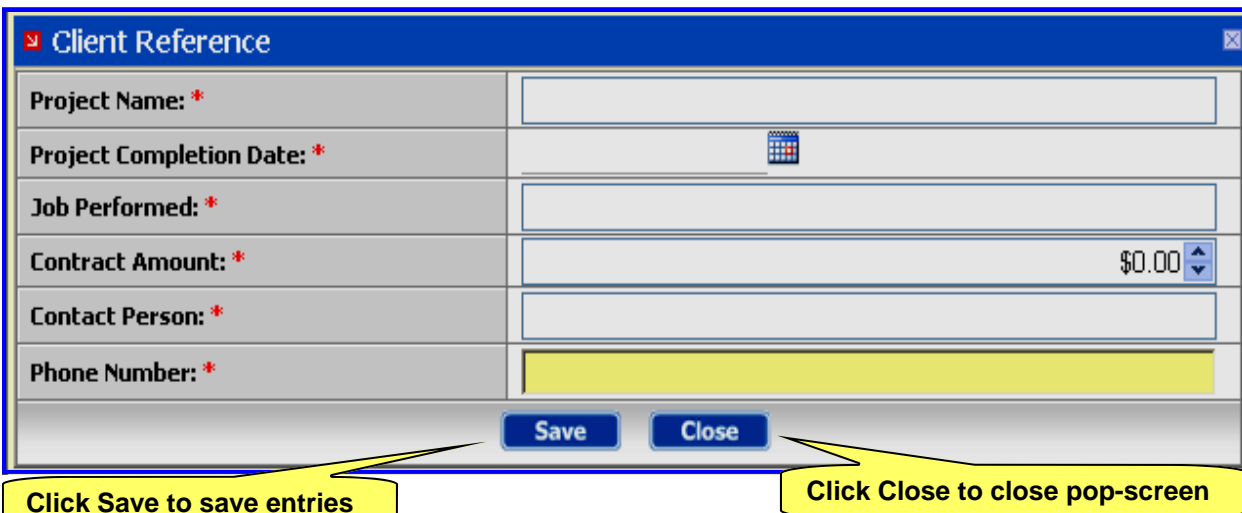
- Name of Partner (Owner)
- % Owned
- Race of Partner (Owner)
- Sex of Partner (Owner)
- Click **Save** button to save and to complete data entry.
- Click **Close** button to close the pop-up screen

## STEP 5 CLIENT REFERENCES






Under Client References

- Click  button. The Client Reference pop-up screen is displayed (see below).

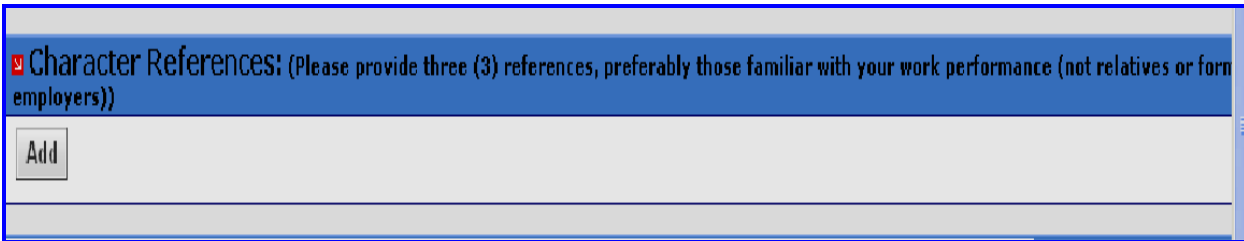


On the Client Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries


- Project Name
- Project Completion Date
- Job Performed
- Contract Amount
- Contact person
- Phone Number
- Click  button to save entries.
- Click  button to close the pop-up screen

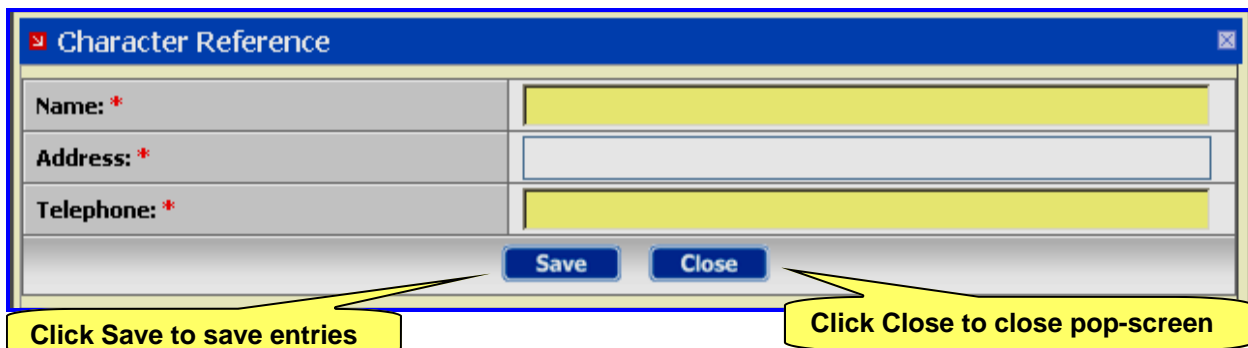
To add more Client References click on the  button again.

## STEP 6 CHARACTER REFERENCES





Under Character References

- Click  button. The Character Reference pop-up screen is displayed (see below).



On the Character Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Name
- Address
- Telephone number
- Click  button to save entries
- Click  button to close the pop-up screen

To add more character references click on the  button again.

## STEP 7 OTHER INFORMATION

Other Information:	
Please list projects completed by your company:	
Baker Towers and Company Ain't No Telling Productions	
Bonding Capacity:	Bonding Company Name:
\$500,000.00	Cheap Cheapers

Enter the following information

- Other project information
- Bonding Capacity
- Bonding Company Name

## STEP 8

### OTHER MBE, FBE, DBE CERTIFICATIONS

Other MBE, FBE, DBE Certifications

Add

→ Other Certification 1	
Agency Certified:	Date of Certification:
Brooklyn Bonding Agency	07/21/2008

- Click **Add** button. The Other Certification pop-up screen is displayed (see below).

Other Certification

Agency Certified: \*

Date of Certification: \*

Save Close

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Agency Certified
- Date of Certification
- 
- Click **Save** button to save entries.
- Click **Close** button to close the pop-up screen

## STEP 9 EMPLOYMENT REPORT

CATEGORY	AFRICAN AMERICAN		ASIAN AMERICAN		HISPANIC AMERICAN		NATIVE AMERICAN		CAUCASIAN AMERICAN		TOTAL
	M	F	M	F	M	F	M	F	M	F	
Male/Female											
Mgmt/Official											
Professional (Arch,P.E.,etc)											
Supervisors											
Office/Sales Clerical											
Craftsmen											
Laborers											
Others(specify)											
Totals	0	0	0	0	0	0	0	0	0	0	0

Under Employment Report enter

- Total number of employees by trade category and by ethnicity
- Click **Save** button to save and to complete all entries.



## STEP 10


### CONTACT INFORMATION

**Contact Information:**

Add

→ Contact 1

<b>Contact Name:</b>	<b>Title:</b>	<b>Email:</b>
Louis Tillman	Mr.	glenn.king@fultoncountygva.gov
<b>Phone Number:</b>	<b>Extension:</b>	
(770)-405-8374	395	

- Click  button. The Contact Information pop-up screen is displayed (see below).

**Contact Information**

Contact Name: \*

Title: \*

Email: \*



Phone Number: \*

Extension:

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Contact Name
- Title
- Email
- Phone Number
- Extension
- 
- Click  button to save entries.
- Click  button to close the pop-up screen

## STEP 11

### INDUSTRIES CATEGORY AND SUB CATEGORY INFORMATION

**Industries Category and Sub category Information:**

**Save** **Click Save to save entries**

Services	Construction	Wholesale Trade
<input type="checkbox"/> Advertising/Public Relations	<input type="checkbox"/> Brick/Concrete/Masonry	<input type="checkbox"/> Apparel
<input type="checkbox"/> Architects/Construction Mgmt/Engineers/Urban	<input type="checkbox"/> Demolition/Hauling/Heavy Equipment/Trucking	<input type="checkbox"/> Building Materials/Industrial/Equipm
<input type="checkbox"/> Attorney/Legal Services	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Electrical Supplies/Equipment
<input type="checkbox"/> Bookkeeping/Collections/CPA/Financial Services	<input type="checkbox"/> Exterior- Interior Finishing/Waterproof	<input type="checkbox"/> Floor Coverings/Wallpaper/Paint
<input type="checkbox"/> Catering/Vending/Foods	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Gasoline/Petroleum Products
<input type="checkbox"/> Computer Sales & Services/Applications/IT	<input type="checkbox"/> Grading/Paving/Roadwork	<input type="checkbox"/> Medical Supplies/Equipment/Drugs
<input type="checkbox"/> Computer Services/Applications/IT	<input type="checkbox"/> HVAC/Mechanical/Sheetmetal	<input type="checkbox"/> Novelties/Gifts/Specialty Items
<input type="checkbox"/> Counseling/Social Services	<input type="checkbox"/> Plumbing(Water-Sewer-Pipelines)	<input type="checkbox"/> Office Supplies/Equipment
<input type="checkbox"/> EDP-Computer Application Sales/Services	<input type="checkbox"/> Steel Fabrication-Erection	
<input type="checkbox"/> Electrical Supplies/Equipment		
<input type="checkbox"/> Florist/Landscape/Horticulture		
<input type="checkbox"/> Foods		
<input type="checkbox"/> General Repairs/Business Machines/Small Engines		
<input type="checkbox"/> Graphic Arts/Printing/Photography		
<input type="checkbox"/> Insurance/Pensions/Employee Benefits		
<input type="checkbox"/> Interior/Industrial Design		
<input type="checkbox"/> Janitorial Services/Construction Site Clean-Up		

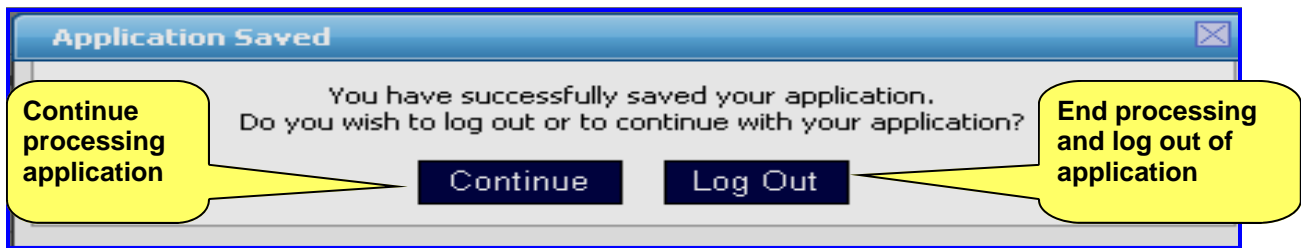
Under Industries Category and Sub category Information there are three (3) industry categories to select from (Services, Construction and Wholesale Trade).

- Select under each industry category the appropriate sub category that applies to the type of services your business can perform.
- More than one (1) sub category can be selected.
- Click **Save** button to save and to complete data entry.

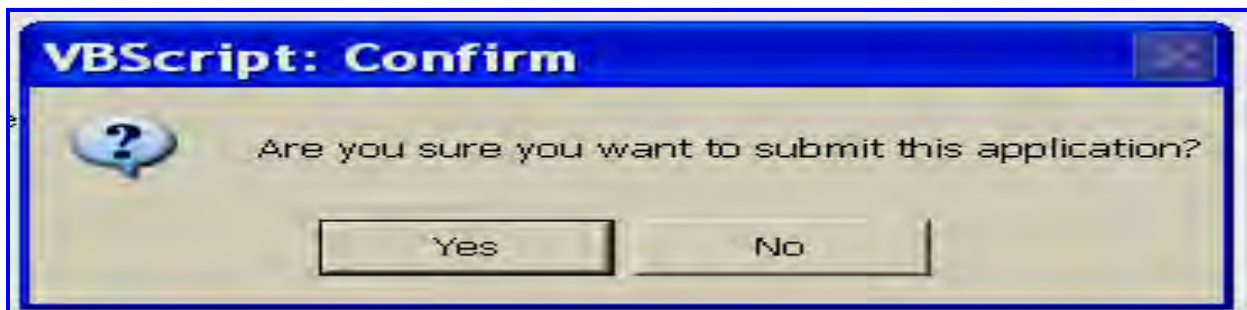
## STEP 12 SAVE AND SUBMIT BUTTONS



- Click **Save** button to save the application. The application is saved for later use and is retrievable when logging on (re-entering) the Contract Compliance system for further processing before submitting it the Office Of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application.
- If the application is successfully process the screen below is displayed



- Click **Submit** button to save and submit the application to the Office of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application
- If the application is successfully process the screen below is displayed
- Select  to submit the application or to nor  to submit



**NOTE: All applications are pending and retrievable for editing until it is placed in the status of "Under Review" at which time the application is not editable.**

## STEP 13 REQUIRED DOCUMENTS

### [Home](#) > Required Documents

1. Proof of Minority Status (Birth Certificate, Passport and/or Driver's License)
2. Current Financial Statement by CPA (if in more than 18 months)
3. Business License
4. Organizational Chart (if ten or more employees)
5. Prior two (2) years Federal Tax Returns, including all schedules. If business is less than a year old, submit last two (2) years of personal tax returns by owner(s)
6. Certification Affidavit - [Click here to print](#)
7. Resumes of all officers, and partners of company- resumes must show education, training, and dates
8. Partnership Agreement
9. Buy-out Rights Agreement
10. Profit Sharing Agreement
11. Proof of Capital Invested by each partner

**Click here to print and to  
open the Certification  
Affidavit**

Please send all above listed documents to the following address:

Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, Georgia 30303  
Phone: (404) 730-6300  
E-mail: [Contract.Compliance@fultoncountyga.gov](mailto:Contract.Compliance@fultoncountyga.gov)  
Fax: (404) 893-6515

**All Required Documents and  
Certification Affidavit must be  
mailed to the Fulton County,  
Department of Purchasing &  
Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303**

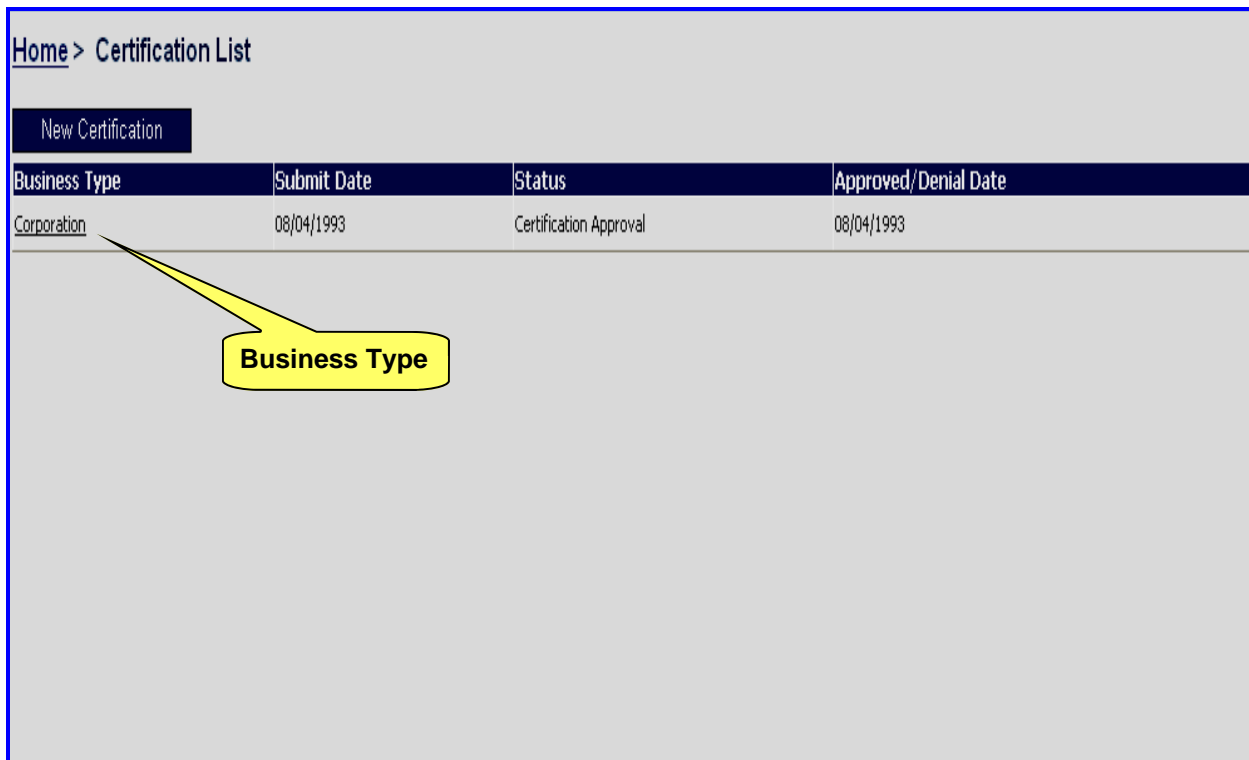
Depending upon your business type different Required Documents are documents necessary documents to complete a vendor's Minority/Female Business Enterprise certification. All Required Documents and Certification Affidavit must be mailed to the Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303



## Corporation

A **Corporation** is a more complex business structure. As a chartered legal entity, a corporation has certain rights, privileges, and liabilities beyond those of an individual. Doing business as a corporation may yield tax or financial benefits, but these can be offset by other considerations, such as increased licensing fees or decreased personal control. Corporations may be formed for profit or non-profit purposes. Filing with the [Office of the Secretary of State](#) is required.

## STEP 1 CERTIFICATION LIST



The screenshot shows a web application interface for the 'Certification List'. At the top left, there is a breadcrumb link 'Home > Certification List'. Below this is a button labeled 'New Certification'. A table with four columns is displayed: 'Business Type', 'Submit Date', 'Status', and 'Approved/Denial Date'. The first row of data shows 'Corporation' under Business Type, '08/04/1993' under Submit Date, 'Certification Approval' under Status, and '08/04/1993' under Approved/Denial Date. A yellow callout bubble with the text 'Business Type' points to the 'Corporation' entry in the first column.

Home > Certification List			
New Certification			
Business Type	Submit Date	Status	Approved/Denial Date
Corporation	08/04/1993	Certification Approval	08/04/1993

On the Certification List screen

- Select **BusinessType** your business is applying for M/FBE certification

Submit Date is the date your business submitted M/FBE certification  
Status is the standing of your business M/FBE certification

**STEP 2**  
**COMPANY INFORMATION**

<b>Click Save to save application at this time</b>		<b>Save</b>	<b>Submit</b>	<b>Do not Submit application at this time</b>
		Save=Save application	Submit=Submit to Office Of Contract Compliance	
<b>Name of Company:</b>	<b>Email Address:</b>	<b>Business Enterprise:</b>	<input type="checkbox"/> African American Business Enterprise	
ASHFORD JENKINS	ahicks@stellar4.com		<input type="checkbox"/> Disadvantage Business Enterprise	
<b>Type of Business:</b>	<b>Race: *</b>			
Sole Proprietorship	African American Male ▼			
<b>Address of Main Business Office:</b>		<b>City:</b>	<b>County:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>	<b>Fax Number:</b>	
Alabama ▼				
<b>Name of Owner: *</b>				
<b>Date of Initial Operation: *</b>		<b>Location City: *</b>	<b>State: *</b>	
			Alabama	

In this section input the following entries for the main business location  
Entries marked with an asterisk (\*) are required entries

- Name of Company (official name of business)
- Email Address
- Type of business (Sole Proprietorship, Partnership, Corporation, Limited Liability Partnership, Limited Liability Corporation)
- Race (click on the drop down arrow and select one, must be 51% ownership)
- Business Enterprise (select Disadvantage Business Enterprise optional)
- Address of Main Business Office
- City
- State
- County
- Zip
- Phone
- Fax Number
- Name of Owner
- Date of Initial Operation (click on Calendar to select a date)
- Location City
- State

**STEP 3**  
**OWNERSHIP QUESTIONS**

<input type="checkbox"/> 1. Is this business organized as a corporation in which a majority of the common stock is owned by one or more women or members of a minority race? (Checked=Yes,			
<input type="checkbox"/> 2. If the answer to (1) is yes,do these stockholders report as their personal income for local,state and federal income tax purposes? (Checked=Yes, blank=No)			
3. Date business established: *	<input type="text"/>	State in which business established: *	Georgia
4. Date of incorporation: *	<input type="text"/>	State incorporated: *	Georgia



Check the appropriate box if applicable and fill in the following information:

- Date business established
- State in which business established
- Date of incorporation
- State incorporation





## STEP 4 OFFICERS AND BOARD OF DIRECTORS INFORMATION

**Officers and Board of Directors Information:**

→ Officers and Board of Director 1  

Name:	Title:	Race:	Sex:
Bobby James	Doctor	Asian Female	Female

→ Officers and Board of Director 2  

Name:	Title:	Race:	Sex:
Debra Walker-Jones	Ms.	Hispanic Female	Female

Under Officers and Board of Directors Information

- Click  button. The Offices and Board of Directors Information pop-up screen is displayed (see below).

**Officers and Board of Directors**

Name: \*

Title: \*

Race: \*

Sex: \* ☐ Female ☐ Male

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Name
- Title
- Race
- Sex
- 
- Click  button to save entries.
- Click  button to close the pop-up screen

## STEP 5


### STOCK OWNERS

Name of Owner:	Race of Owner:	Sex of Owner:
Wye Me	Asian Male	Male

Number of Shares:	% owned:
100	100



#### Under Stock Owners

- Click  button. The Stock Owners pop-up screen is displayed (see below).

**Click Save to save entries**

**Click Close to close pop-screen**


Enter the following information

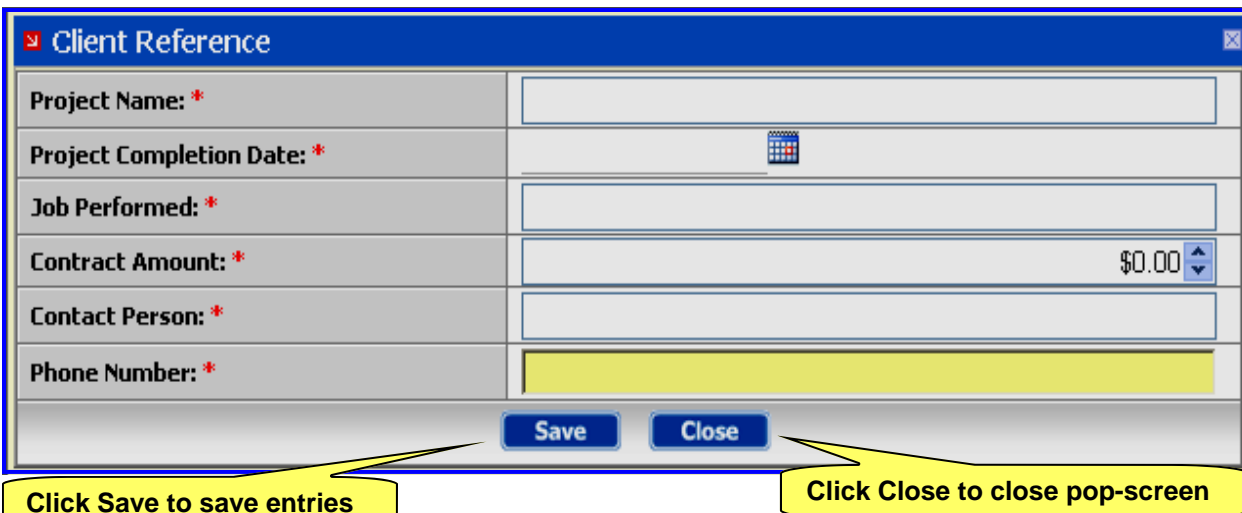
- Name of Owner
- Number of Shares
- % owned
- Race of Owner
- Sex of Owner
- Click  button to save entries.
- Click  button to close the pop-up screen

## STEP 6 CLIENT REFERENCES






Under Client References

- Click  button. The Client Reference pop-up screen is displayed (see below).

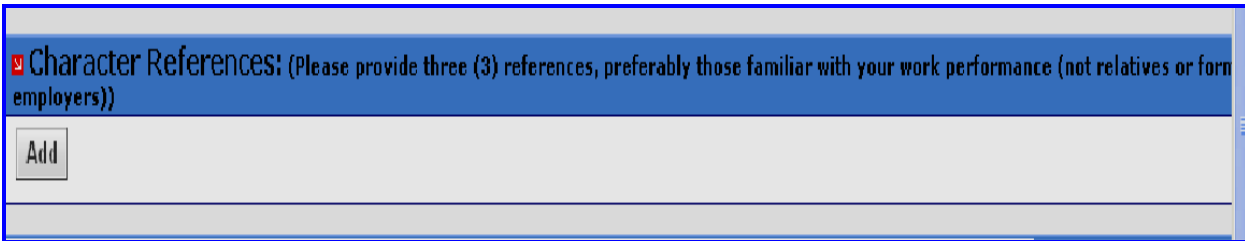


On the Client Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries


- Project Name
- Project Completion Date
- Job Performed
- Contract Amount
- Contact person
- Phone Number
- Click  button to save entries.
- Click  button to close the pop-up screen

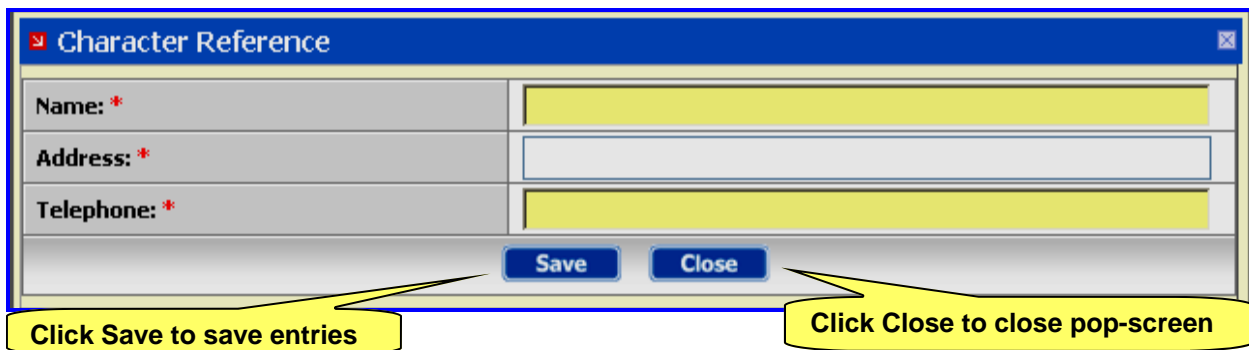
To add more Client References click on the  button again.

## STEP 7 CHARACTER REFERENCES






Under Character References

- Click  button. The Character Reference pop-up screen is displayed (see below).



On the Character Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Name
- Address
- Telephone number
- Click  button to save entries
- Click  button to close the pop-up screen

To add more character references click on the  button again.

## STEP 8 OTHER INFORMATION

Other Information:	
Please list projects completed by your company:	
Baker Towers and Company Ain't No Telling Productions	
Bonding Capacity:	Bonding Company Name:
\$500,000.00	Cheap Cheapers

Enter the following information

- Other project information
- Bonding Capacity
- Bonding Company Name

## STEP 9

### OTHER MBE, FBE, DBE CERTIFICATIONS

Other MBE, FBE, DBE Certifications

Add

→ Other Certification 1	
Agency Certified:	Date of Certification:
Brooklyn Bonding Agency	07/21/2008

- Click **Add** button. The Other Certification pop-up screen is displayed (see below).

Other Certification

Agency Certified: \*

Date of Certification: \*

Save Close

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Agency Certified
- Date of Certification
- 
- Click **Save** button to save entries.
- Click **Close** button to close the pop-up screen

## STEP 10 EMPLOYMENT REPORT

**Employment Report:**

**Save** Click Save to save entries

CATEGORY	AFRICAN AMERICAN		ASIAN AMERICAN		HISPANIC AMERICAN		NATIVE AMERICAN		CAUCASIAN AMERICAN		TOTAL
	M	F	M	F	M	F	M	F	M	F	
Male/Female											
Mgmt/Official											
Professional (Arch,P.E.,etc)											
Supervisors											
Office/Sales Clerical											
Craftsmen											
Laborers											
Others(specify)											
Totals	0	0	0	0	0	0	0	0	0	0	0

Under Employment Report enter

- Total number of employees by trade category and by ethnicity
- Click **Save** button to save and to complete all entries.


## STEP 11 CONTACT INFORMATION

**Contact Information:**

Add

→ Contact 1

<b>Contact Name:</b>	<b>Title:</b>	<b>Email:</b>
Louis Tillman	Mr.	glenn.king@fultoncountygga.gov
<b>Phone Number:</b>	<b>Extension:</b>	
(770)-405-8374	395	

- Click  button. The Contact Information pop-up screen is displayed (see below).

**Contact Information**

**Contact Name: \***

**Title: \***

**Email: \***

**Phone Number: \***



**Extension:**

**Save** **Close**

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Contact Name
- Title
- Email
- Phone Number
- Extension
- 
- Click  button to save entries.
- Click  button to close the pop-up screen



## STEP 12

### INDUSTRIES CATEGORY AND SUB CATEGORY INFORMATION

**Industries Category and Sub category Information:**

**Save** Click Save to save entries

▼ <b>Services</b>	▼ <b>Construction</b>	▼ <b>Wholesale Trade</b>
▶ <input type="checkbox"/> Advertising/Public Relations	▶ <input type="checkbox"/> Brick/Concrete/Masonry	▶ <input type="checkbox"/> Apparel
▶ <input type="checkbox"/> Architects/Construction Mgmt/Engineers/Urban	▶ <input type="checkbox"/> Demolition/Hauling/Heavy Equipment/Trucking	▶ <input type="checkbox"/> Building Materials/Industrial/Equipm
▶ <input type="checkbox"/> Attorney/Legal Services	▶ <input type="checkbox"/> Electrical Contractor	▶ <input type="checkbox"/> Electrical Supplies/Equipment
▶ <input type="checkbox"/> Bookkeeping/Collections/CPA/Financial Services	▶ <input type="checkbox"/> Exterior- Interior Finishing/Waterproof	▶ <input type="checkbox"/> Floor Coverings/Wallpaper/Paint
▶ <input type="checkbox"/> Catering/Vending/Foods	▶ <input type="checkbox"/> General Contractor	▶ <input type="checkbox"/> Gasoline/Petroleum Products
▶ <input type="checkbox"/> Computer Sales & Services/Applications/IT	▶ <input type="checkbox"/> Grading/Paving/Roadwork	▶ <input type="checkbox"/> Medical Supplies/Equipment/Drugs
▶ <input type="checkbox"/> Computer Services/Applications/IT	▶ <input type="checkbox"/> HVAC/Mechanical/Sheetmetal	▶ <input type="checkbox"/> Novelties/Gifts/Specialty Items
▶ <input type="checkbox"/> Counseling/Social Services	▶ <input type="checkbox"/> Plumbing(Water-Sewer-Pipelines)	▶ <input type="checkbox"/> Office Supplies/Equipment
▶ <input type="checkbox"/> EDP-Computer Application Sales/Services	▶ <input type="checkbox"/> Steel Fabrication-Erection	
▶ <input type="checkbox"/> Electrical Supplies/Equipment		
▶ <input type="checkbox"/> Florist/Landscape/Horticulture		
▶ <input type="checkbox"/> Foods		
▶ <input type="checkbox"/> General Repairs/Business Machines/Small Engines		
▶ <input type="checkbox"/> Graphic Arts/Printing/Photography		
▶ <input type="checkbox"/> Insurance/Pensions/Employee Benefits		
▶ <input type="checkbox"/> Interior/Industrial Design		
▶ <input type="checkbox"/> Janitorial Services/Construction Site Clean-Up		

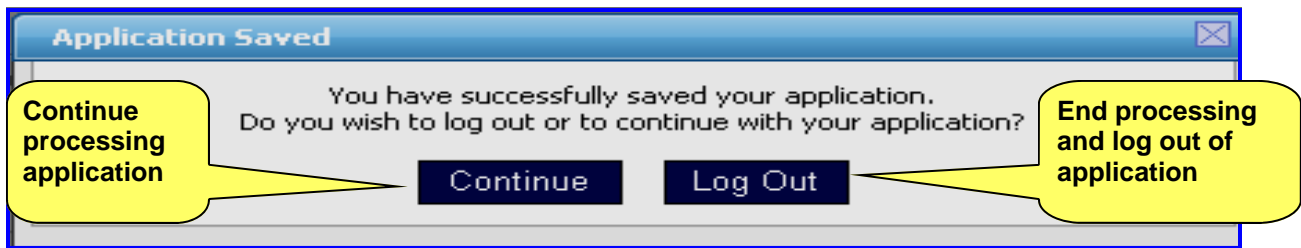
Under Industries Category and Sub category Information there are three (3) industry categories to select from (Services, Construction and Wholesale Trade).

- Select under each industry category the appropriate sub category that applies to the type of services your business can perform.
- More than one (1) sub category can be selected.
- Click **Save** button to save and to complete data entry.

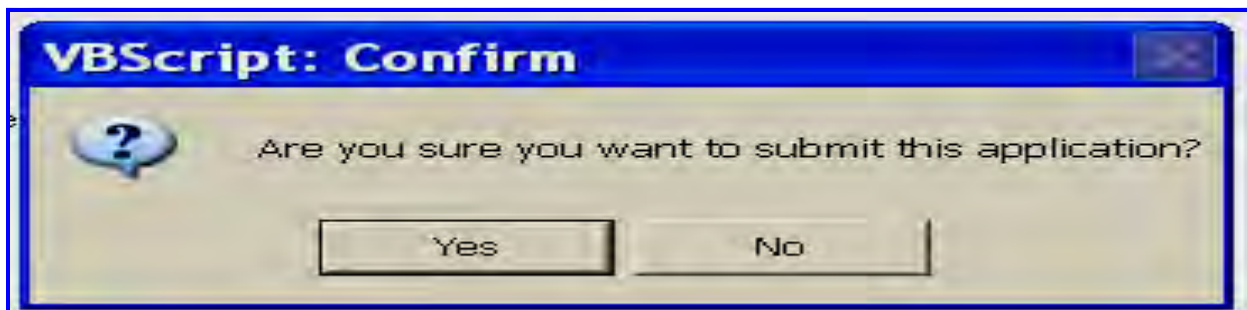
## STEP 13 SAVE AND SUBMIT BUTTONS



- Click **Save** button to save the application. The application is saved for later use and is retrievable when logging on (re-entering) the Contract Compliance system for further processing before submitting it the Office Of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application.
- If the application is successfully process the screen below is displayed



- Click **Submit** button to save and submit the application to the Office of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application
- If the application is successfully process the screen below is displayed
- Select  to submit the application or to nor  to submit



**NOTE: All applications are pending and retrievable for editing until it is placed in the status of "Under Review" at which time the application is not editable.**

## STEP 14 REQUIRED DOCUMENTS

### [Home](#) > Required Documents

1. Proof of Minority Status (Birth Certificate, Passport and/or Driver's License)
2. Current Financial Statement by CPA (if in more than 18 months)
3. Business License
4. Organizational Chart (if ten or more employees)
5. Prior two (2) years Federal Tax Returns, including all schedules. If business is less than a year old, submit last two (2) years of personal tax returns by owner(s)
6. Certification Affidavit - [Click here to print](#)
7. Resumes of all officers and stockholders of company- resumes must show education, training and dates
8. Articles of Incorporation, including date approved by the State of Georgia
9. Minutes of First Corporate Organization Meeting
10. Corporate By-Laws
11. Copy of Signed Stock Certificates Issued
12. Stock Ledger (with all transactions noted)
13. Proof of Stock Purchased (copy of cancelled check(s), front and back)
14. Copy of Third Party Agreements (if any)
15. If a "Foreign Corporation", copy of authority to do business in Georgia

**Click here to print and to  
open the Certification  
Affidavit**

Please send all above listed documents to the following address:

Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, Georgia 30303  
Phone: (404) 730-6300  
E-mail: [Contract.Compliance@fultoncountyga.gov](mailto:Contract.Compliance@fultoncountyga.gov)  
Fax: (404) 893-6515

**All Required Documents and  
Certification Affidavit must be  
mailed to the Fulton County,  
Department of Purchasing &  
Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303**

Depending upon your business type different Required Documents are documents necessary documents to complete a vendor's Minority/Female Business Enterprise certification. All Required Documents and Certification Affidavit must be mailed to the Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303



## Limited Liability Corporation

A **Limited Liability Company (LLC)** is composed of one or more individuals or entities through a special written agreement. The agreement includes: provisions for management, ability to assign interests, and distribution of profits and losses. Limited liability companies are permitted to engage in any lawful, for-profit business or activity other than banking or insurance. Filing with the [Office of the Secretary of State](#) is required.

## STEP 1 CERTIFICATION LIST

Home > Certification List

New Certification

BusinessType	Submit Date	Status	Approved/Denial Date
Limited Liability Corporation	08/28/2008	Pending	

Business Type

On the Certification List screen

- Select **BusinessType** your business is applying for M/FBE certification

Submit Date is the date your business submitted M/FBE certification  
Status is the standing of your business M/FBE certification

## STEP 2 COMPANY INFORMATION

Save
Submit

Save=Save application
Submit=Submit to Office Of Contract Compliance

**Name of Company:**  
 ASHFORD JENKINS

**Email Address:**  
 ahicks@stellar4.com

**Business Enterprise:**  
☐ African American Business Enterprise  
☐ Disadvantage Business Enterprise

**Type of Business:**  
 Sole Proprietorship

**Race: \***  
 African American Male

**Address of Main Business Office:**

**City:**

**County:**

**State:**  
 Alabama

**Zip:**

**Phone:**

**Fax Number:**

**Name of Owner: \***

**Date of Initial Operation: \***

**Location City: \***

**State: \***  
 Alabama

**Click Save to save application at this time**

**Do not Submit application at this time**

In this section input the following entries for the main business location  
Entries marked with an asterisk (\*) are required entries

- Name of Company (official name of business)
- Email Address
- Type of business (Sole Proprietorship, Partnership, Corporation, Limited Liability Partnership, Limited Liability Corporation)
- Race (click on the drop down arrow and select one, must be 51% ownership)
- Business Enterprise (select Disadvantage Business Enterprise optional)
- Address of Main Business Office
- City
- State
- County
- Zip
- Phone
- Fax Number
- Name of Owner
- Date of Initial Operation (click on Calendar to select a date)
- Location City
- State

## STEP 3 OWNERSHIP QUESTIONS

<input type="checkbox"/> 1. Is this business organized as a corporation in which a majority of the common stock is owned by one or more women or members of a minority race? (Checked=Yes,			
<input type="checkbox"/> 2. If the answer to (1) is yes,do these stockholders report as their personal income for local,state and federal income tax purposes? (Checked=Yes, blank=No)			
3. Date business established: *	<input type="text"/>	State in which business established: *	Georgia
4. Date of incorporation: *	<input type="text"/>	State incorporated: *	Georgia


Check the appropriate box if applicable and fill in the following information:

- Date business established
- State in which business established
- Date of incorporation
- State incorporation

## STEP 4 STOCK OWNERS

Name of Owner:	Race of Owner:	Sex of Owner:
Wye Me	Asian Male	Male
Number of Shares:	% owned:	
100	100	



### Under Stock Owners

- Click  button. The Stock Owners pop-up screen is displayed (see below).

**Click Save to save entries**

**Click Close to close pop-screen**

Enter the following information


- Name of Owner
- Number of Shares
- % owned
- Race of Owner
- Sex of Owner
- Click  button to save entries.
- Click  button to close the pop-up screen

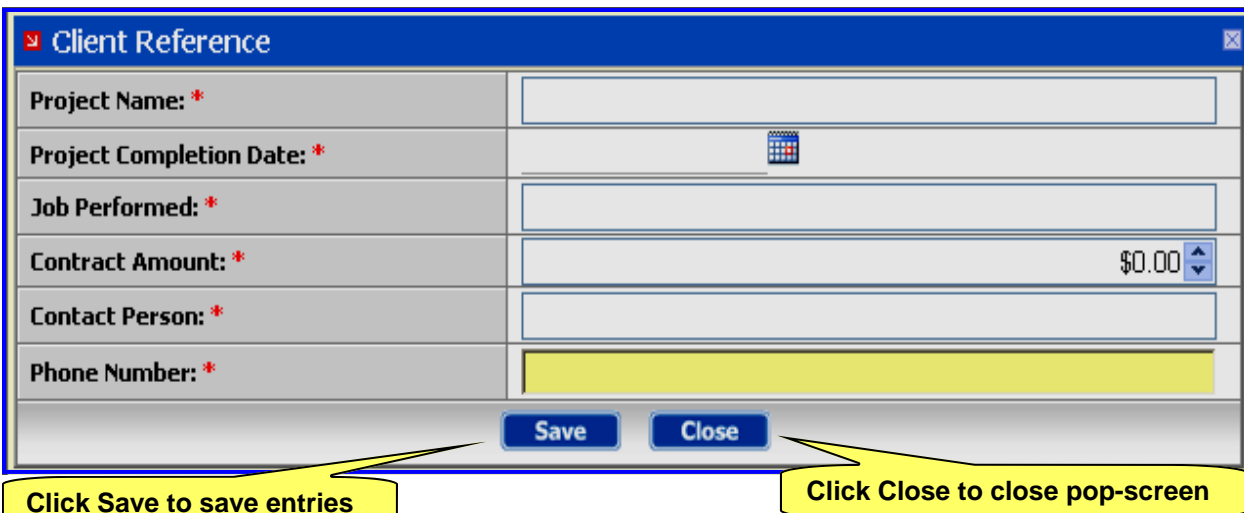


## STEP 5 CLIENT REFERENCES






Under Client References

- Click  button. The Client Reference pop-up screen is displayed (see below).

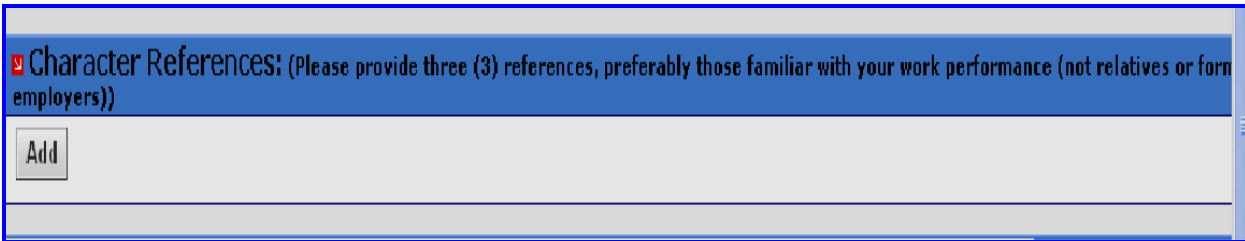


On the Client Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries


- Project Name
- Project Completion Date
- Job Performed
- Contract Amount
- Contact person
- Phone Number
- Click  button to save entries.
- Click  button to close the pop-up screen

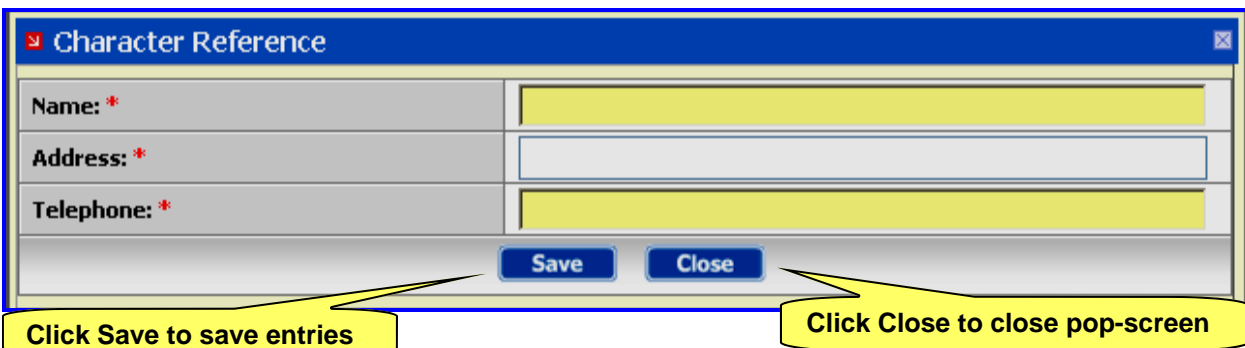
To add more Client References click on the  button again.

## STEP 6 CHARACTER REFERENCES






Under Character References

- Click  button. The Character Reference pop-up screen is displayed (see below).



On the Character Reference pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Name
- Address
- Telephone number
- Click  button to save entries
- Click  button to close the pop-up screen

To add more character references click on the  button again.

## STEP 7 OTHER INFORMATION

Other Information:	
Please list projects completed by your company:	
Baker Towers and Company Ain't No Telling Productions	
Bonding Capacity:	Bonding Company Name:
\$500,000.00	Cheap Cheapers

Enter the following information

- Other project information
- Bonding Capacity
- Bonding Company Name

## STEP 8

### OTHER MBE, FBE, DBE CERTIFICATIONS

Other MBE, FBE, DBE Certifications

Add

→ Other Certification 1	
Agency Certified:	Date of Certification:
Brooklyn Bonding Agency	07/21/2008

- Click **Add** button. The Other Certification pop-up screen is displayed (see below).

Other Certification

Agency Certified: \*

Date of Certification: \*

Save Close

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Agency Certified
- Date of Certification
- 
- Click **Save** button to save entries.
- Click **Close** button to close the pop-up screen

## STEP 9 EMPLOYMENT REPORT

**Employment Report:**

**Save** Click Save to save entries

CATEGORY	AFRICAN AMERICAN		ASIAN AMERICAN		HISPANIC AMERICAN		NATIVE AMERICAN		CAUCASIAN AMERICAN		TOTAL
	M	F	M	F	M	F	M	F	M	F	
Male/Female											
Mgmt/Official											
Professional (Arch,P.E.,etc)											
Supervisors											
Office/Sales Clerical											
Craftsmen											
Laborers											
Others(specify)											
Totals	0	0	0	0	0	0	0	0	0	0	0

Under Employment Report enter

- Total number of employees by trade category and by ethnicity
- Click **Save** button to save and to complete all entries.


## STEP 10 CONTACT INFORMATION

**Contact Information:**

Add

→ Contact 1

<b>Contact Name:</b>	<b>Title:</b>	<b>Email:</b>
Louis Tillman	Mr.	glenn.king@fultoncountygga.gov
<b>Phone Number:</b>	<b>Extension:</b>	
(770)-405-8374	395	

- Click  button. The Contact Information pop-up screen is displayed (see below).

**Contact Information**

**Contact Name: \***

**Title: \***

**Email: \***

**Phone Number: \***



**Extension:**

**Save** **Close**

Click Save to save entries

Click Close to close pop-screen

Enter the following information

- Contact Name
- Title
- Email
- Phone Number
- Extension
- 
- Click  button to save entries.
- Click  button to close the pop-up screen

## STEP 11

### INDUSTRIES CATEGORY AND SUB CATEGORY INFORMATION

**Industries Category and Sub category Information:**

**Save** **Click Save to save entries**

Services	Construction	Wholesale Trade
<input type="checkbox"/> Advertising/Public Relations	<input type="checkbox"/> Brick/Concrete/Masonry	<input type="checkbox"/> Apparel
<input type="checkbox"/> Architects/Construction Mgmt/Engineers/Urban	<input type="checkbox"/> Demolition/Hauling/Heavy Equipment/Trucking	<input type="checkbox"/> Building Materials/Industrial/Equipm
<input type="checkbox"/> Attorney/Legal Services	<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Electrical Supplies/Equipment
<input type="checkbox"/> Bookkeeping/Collections/CPA/Financial Services	<input type="checkbox"/> Exterior- Interior Finishing/Waterproof	<input type="checkbox"/> Floor Coverings/Wallpaper/Paint
<input type="checkbox"/> Catering/Vending/Foods	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Gasoline/Petroleum Products
<input type="checkbox"/> Computer Sales & Services/Applications/IT	<input type="checkbox"/> Grading/Paving/Roadwork	<input type="checkbox"/> Medical Supplies/Equipment/Drugs
<input type="checkbox"/> Computer Services/Applications/IT	<input type="checkbox"/> HVAC/Mechanical/Sheetmetal	<input type="checkbox"/> Novelties/Gifts/Specialty Items
<input type="checkbox"/> Counseling/Social Services	<input type="checkbox"/> Plumbing(Water-Sewer-Pipelines)	<input type="checkbox"/> Office Supplies/Equipment
<input type="checkbox"/> EDP-Computer Application Sales/Services	<input type="checkbox"/> Steel Fabrication-Erection	
<input type="checkbox"/> Electrical Supplies/Equipment		
<input type="checkbox"/> Florist/Landscape/Horticulture		
<input type="checkbox"/> Foods		
<input type="checkbox"/> General Repairs/Business Machines/Small Engines		
<input type="checkbox"/> Graphic Arts/Printing/Photography		
<input type="checkbox"/> Insurance/Pensions/Employee Benefits		
<input type="checkbox"/> Interior/Industrial Design		
<input type="checkbox"/> Janitorial Services/Construction Site Clean-Up		

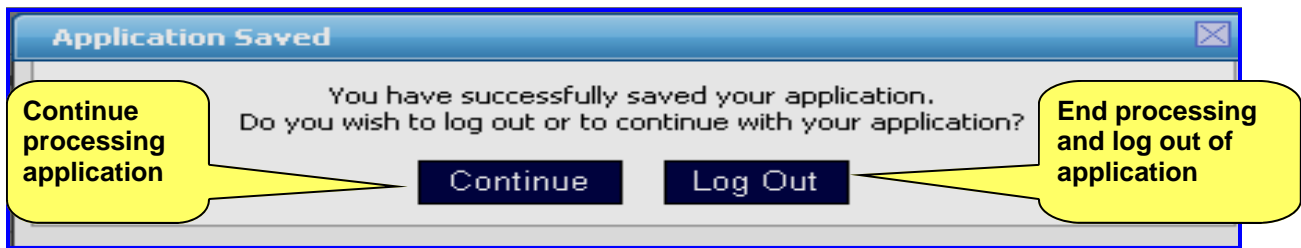
Under Industries Category and Sub category Information there are three (3) industry categories to select from (Services, Construction and Wholesale Trade).

- Select under each industry category the appropriate sub category that applies to the type of services your business can perform.
- More than one (1) sub category can be selected.
- Click **Save** button to save and to complete data entry.

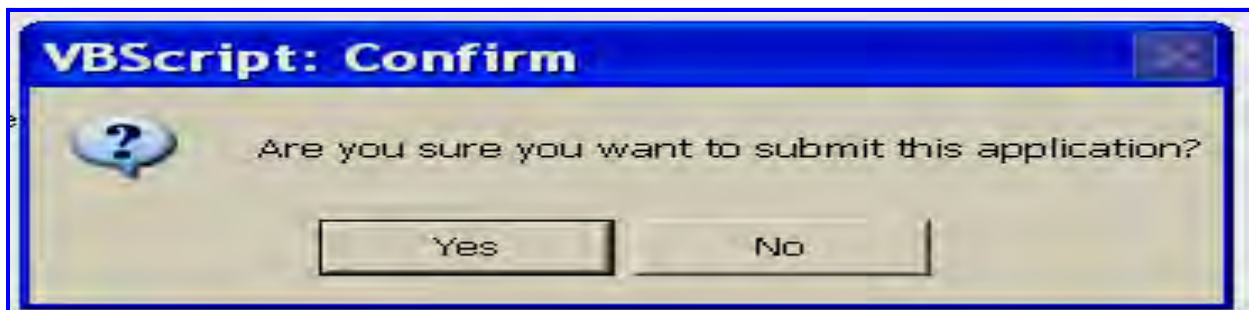
## STEP 12 SAVE AND SUBMIT BUTTONS



- Click **Save** button to save the application. The application is saved for later use and is retrievable when logging on (re-entering) the Contract Compliance system for further processing before submitting it the Office Of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application.
- If the application is successfully process the screen below is displayed



- Click **Submit** button to save and submit the application to the Office of Contract Compliance.
- A pop-up screen is displayed if there are errors indicated where in the application
- If the application is successfully process the screen below is displayed
- Select  to submit the application or to nor  to submit



**NOTE: All applications are pending and retrievable for editing until it is placed in the status of "Under Review" at which time the application is not editable.**



## STEP 13 REQUIRED DOCUMENTS

### [Home](#) > Required Documents

1. Proof of Minority Status (Birth Certificate, Passport and/or Driver's License)
2. Current Financial Statement by CPA (if in more than 18 months)
3. Business License
4. Organizational Chart (if ten or more employees)
5. Prior two (2) years Federal Tax Returns, including all schedules. If business is less than a year old, submit last two (2) years of personal tax returns by owner(s)
6. Certification Affidavit - [Click here to print](#)
7. Resumes of all officers and stockholders of company- resumes must show education, training and dates
8. Articles of Incorporation, including date approved by the State of Georgia
9. Minutes of First Corporate Organization Meeting
10. Corporate By-Laws
11. Copy of Signed Stock Certificates Issued
12. Stock Ledger (with all transactions noted)
13. Proof of Stock Purchased (copy of cancelled check(s), front and back)
14. Copy of Third Party Agreements (if any)
15. If a "Foreign Corporation", copy of authority to do business in Georgia

**Click here to print and to  
open the Certification  
Affidavit**

Please send all above listed documents to the following address:

Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, Georgia 30303  
Phone: (404) 730-6300  
E-mail: [Contract.Compliance@fultoncountyga.gov](mailto:Contract.Compliance@fultoncountyga.gov)  
Fax: (404) 893-6515

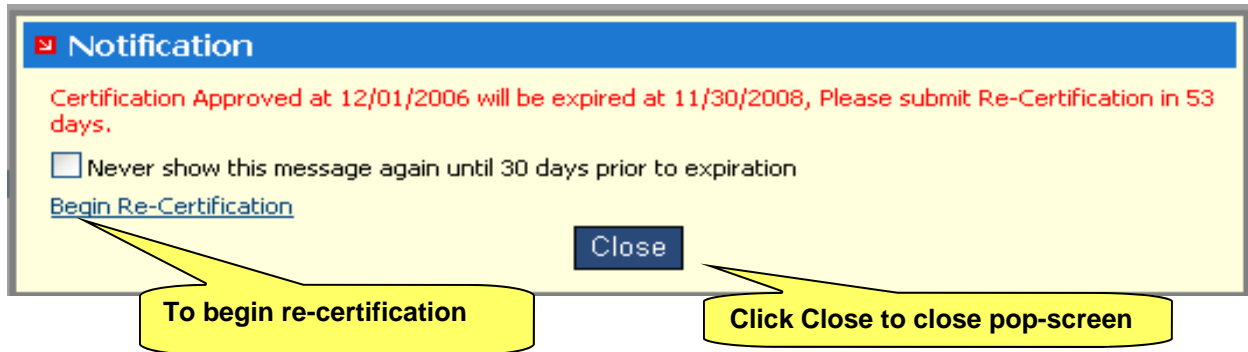
**All Required Documents and  
Certification Affidavit must be  
mailed to the Fulton County,  
Department of Purchasing &  
Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303**

Depending upon your business type different Required Documents are documents necessary documents to complete a vendor's Minority/Female Business Enterprise certification. All Required Documents and Certification Affidavit must be mailed to the Fulton County, Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W.  
Suite 1167  
Atlanta, GA 30303



## RE-CERTIFICATION

## STEP 1 NOTIFICATION



The notification message is displayed if your certification is due to expire within sixty (60) days from its expiration date.

- Click the check box to never show this message again until 30 days prior to certification expiration date.
- To start re-certification click [Begin Re-Certification](#)
- Click [Close](#) button to close the pop-up screen

## STEP 2 RE-CERTIFICATION LIST

[Home](#) > Re-Certification List

Certification History

	BusinessType	Submit Date	Status	Approved/Denial Date
<a href="#">Print</a>	<a href="#">Corporation</a>	12/01/2006	Re-Certification Approval	12/01/2006
<a href="#">Print</a>	<a href="#">Corporation</a>	12/17/1993	Certification Approval	12/17/1993

[Re-Certification](#) **To begin re-certification**

BusinessType	Submit Date	Status	Approved/Denial Date
<a href="#">Corporation</a>	12/01/2006	Re-Certification Approval	12/01/2006

The screen above is displayed after you have clicked [Begin Re-Certification](#) or selected re-certification from the Home Page.

Click [Re-Certification](#) to begin re-certification



## Sole Proprietorship

**REFER TO SOLE PROPRIETORSHIP  
INSTRUCTIONS STARTING ON PAGE 11**



## Partnership & Limited Liability Partnership

**REFER TO PARTNERSHIP AND LIMITED LIABILITY PARTNERSHIP  
INSTRUCTIONS STARTING ON PAGE 22**



## Corporation

**REFER TO CORPORATION  
INSTRUCTIONS STARTING ON PAGE 36**



## Limited Liability Corporation

**REFER TO LIMITED LIABILITY CORPORATION**

**INSTRUCTIONS STARTING ON PAGE 51**





## UTILIZATION REPORT

## STEP 1 UTILIZATION REPORT

[Home](#) > Utilization Report

### Utilization Report History

No records found.

### Current Month's Utilization Report

Create Utilization Report

Select Create Utilization Report

No records found.

- On this screen select Create Utilization Report

## STEP 2 PROJECT INFORMATION




Utilization Report			
Report Period:		Report Projects: *	----Please Select----
Report From: *		Project Number	
Report To: *		Project Location	

In this section input the following entries

Entries marked with an asterisk (\*) are required entries

- Report Projects
- Report From
- Project Number
- Report To
- Project Location

### STEP 3 PRIME CONTRACTOR INFORMATION

Prime Contractor			
Vendor Name:	CONTRACT COMPLIANCE FIVE	Phone Number:	(749)-043-5843
Address:	2 Bad It's Not Friday		
Contract Award Date: *		Contract Award Amount: *	\$0.00
Change Order Amount: *	\$0.00	Total Contract + - Change Orders:	\$0.00
Contract Period From: *		To: *	
% Complete To Date: *	0.00 %		
Amount Paid This Reporting Period Less 30 Days:	\$0.00	Total Paid Amount Year to Date: *	\$0.00
Total Outstanding Invoice Not Paid: *	\$0.00	Department Name: *	---Please Select---


In this section input the following entries

Entries marked with an asterisk (\*) are required entries



- Vendor Name (defaulted)
- Phone Number (defaulted)
- Address (defaulted)
- Contract Award Date
- Contract Award Amount
- Change Order Amount
- Total Contract + - Change Orders
- Contract Period From
- To
- % Complete To Date
- Amount Paid This Reporting Period Less 30 Days
- Total Paid Amount Year to Date
- Total Outstanding Invoice Not Paid
- Department Name

## STEP 4 SUBCONTRACTOR INFORMATION

Under Sub Contractor Information

- Click  button. The Character Reference pop-up screen is displayed (see below).

On the Subcontractor pop-up screen input the following entries  
Entries marked with an asterisk (\*) are required entries

- Name of Subcontractor
- Race
- Gender
- Description of Work
- Contract Amount
- Amount Paid To Date
- Amount Requisition This Period
- Contract Period Ending Date
- Contract Period Ending Date
- Click  button to save entries
- Click  button to close the pop-up screen

## STEP 5 CONTACT PERSON

Contact Person: *	<input type="text"/>	Name Of owner: *	<input type="text"/>

In this section input the following entries

Entries marked with an asterisk (\*) are required entries

- Contact Person
- Name of Owner

## STEP 6 DISCLAIMER

<b>Disclaimer</b>
<input type="checkbox"/> I certify that all information submitted on this form are true and correct to the best of my knowledge.

In this section check the following entry

- I certify that all information submitted on this form are true and correct to the best of my knowledge.



## CHANGE PASSWORD




## STEP 1 CHANGE PASSWORD

Change Password	
Please provide old Password:*	<input type="text"/>
New Password:*	<input type="text"/>
Confirm Password:*	<input type="text"/>
<input type="button" value="Submit"/>	

On this screen input the following information  
Entries marked with an asterisk (\*) are required entries

- Old Password
- New Password
- Gender
- Confirm Password

- Click  button to close the pop-up screen

Click Submit to save entries



## CHANGE EMAIL ADDRESS

## STEP 1 CHANGE EMAIL ADDRESS

[Home](#) > Change Email Address

Change Email Address	
Current Email Address:	kinglenna@netscape.net
New Email Address:	<input type="text"/>
<input type="button" value="Submit"/>	

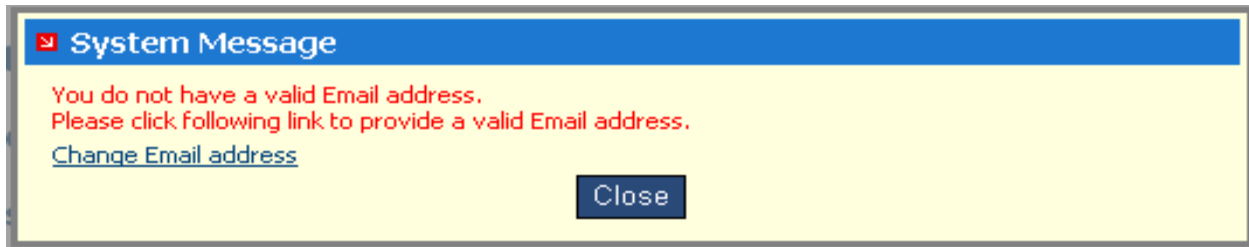
Enter New Email Address here

Displayed is your current email address (it maybe empty), in the space provided enter your New Email Address.

- Click  to complete entry.

## STEP 2 SYSTEM MESSAGE

If applicable, after logging in the system displays the following system message.



- Click [Change Email address](#) to change email address. Follow step 2 on the previous page.
- Click [Close](#) to return to the home page.